

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

91429086

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4	/		/				54						
5		/		/			55						
6		2		/			56						
7		0		/			57						
8	/		/				58						
9	/			/			59						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	7	↓	7	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	12		10				TOTAL CLAIMS						